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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a concentration PATENT APPLICATION FEE DETERMINATION RECORD							Application of Docket Number 09 1518 790		
Substitute for Form P10-675								OTHER THAN	
CLAIMS AS FILED - PART I (Column 1) (Column 2)					SMALL ENTITY) OR	OR SMALL ENTITY	
FOR	NUMBER	FILED	NUMBER	EXTRA	RATE	FEE		RATE	FEE
BASIC FEE (37 CFR 1.16(a))						\$	OR		\$
TOTAL CLAIMS (37 CFR 1.16(c))	48	ninus 20 =			X \$=		OR	x s=	
INDEPENDENT CLAIM	S	minus 3 =			x \$=		OR	× s=	
(37 CFR 1.16(b)) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))					+ \$=		OR	+ \$=	
*If the difference in column 1 is less than zero, enter "0" in column 2.					TOTAL		OR	TOTAL	·
i				•					
CL	AIMS AS AME	NDED -	PART II .	•			OR	OTHER	THAN
3/1/14	(Column 1)		(Column 2)	(Column 3)	SMALL E	ENTITY	ייי	SMALL E	NTITY
	ÇLAIMS REMAINING		HIGHEST NUMBER	PRESENT	RATE	ADDI- TIONAL		RATE	addi- Tional
Ę	AFTER AMENDMENT		PREVIOUSLY PAID FOR	EXTRA		FEE	_		FEE
Total (37 CFR 1.16(c))	48	Minus	48	=	x s=		OR	× \$=	/
Z	15	Minus	₁₅	=	x \$=		OR	x \$=	
	TATION OF MULTIPLE	DEPENDEN	IT CLAIM (37 CF	R 1.16(d))	+ s=	- 3 -	OR	+ \$=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)).					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	/
0/00/11			(0.1	(Column 3)					
7/27/09	(Column 1)		(Column 2) HIGHEST	PRESENT	RATE	ADDI-		RATE	ADDI-
	REMAINING AFTER		NUMBER PREVIOUSLY	EXTRA		TIONAL	· ,		TIONAL FEE
Total (37 CFR 1.16(c)) Independent (37 CFR 1.16(b))	AMENDMENT	Minus	" 48	=	x \$=		OR	x \$=	
(37 CFR 1.16(c)) Independent	1. 7	Minus	40	=			OR	x \$=	
	6		15			1	OR	+ 5 =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					TOTAL =		7	TOTAL	1/
					ADD'L FEE	L	OR	ADD'L FEE	4
	(Column 1)		(Column 2)	(Column 3)			¬		Τ
O	CLAIMS REMAINING		HIGHEST NUMBER	PRESENT EXTRA	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
1 1	AFTER AMENDMENT		PREVIOUSLY PAID FOR			FEE	4		FEE
Total (37 CFR 1.16(c))	•	Minus	••	=	x s =		OR	x \$=	-
Total (37 CFR 1.16(c)) Independent (37 CFR 1.16(b)) Total (37 CFR 1.16(c))	·	Minus	***	=	x s =		OR	× s=	-
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ \$=		OR	+ \$ =	_
The state of the s					TOTAL ADD'L FEE		OR	ADD'L FEE	
+ If the entry in	ocolumn 1 is less th	an the entr	y in column 2, w	rite "0" in column	n 3.				
** If the "Highe	n column 1 is less to st Number Previous st Number Previous	y Paid For	IN THIS SPACE	E is less than 3,	enter "3". nest number found	in the appro	priate box ir	column 1.	

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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